

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)		APPLICANT(S)		FILING DATE	
6		09/581426			
CLAIMS					
AS FILED		*			
AFTER 1st AMENDMENT		*			
AFTER 2nd AMENDMENT		*			
IND. DEP.		IND. DEP. IND. DEP. IND. DEP.			
1		51			
2		52			
3		53			
4		54			
5		55			
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43		93			
44		94			
45		95			
46		96			
47		97			
48		98			
49		99			
50		100			
TOTAL IND.		TOTAL IND.			
TOTAL DEP.		TOTAL DEP.			
TOTAL CLAIMS		TOTAL CLAIMS			
19		19			
17		17			
2		2			

PTO-1360 (3-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT of COMMERCE  
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